

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034949

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED SEP 23 1963

3000

308

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

- MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirksville</b>		c. CITY OR TOWN <b>Easley Township</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Community Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>West of South Gifford Mo</b>	
3. NAME OF DECEASED (Type or print) <b>Seymore Pfeifer</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>15</b> Year <b>1963</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. <del>DATE OF BIRTH</del> <b>Sept 15 1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		11. BIRTHPLACE (City and state or country) <b>Macon County Mo</b>	
13a. FATHER'S NAME <b>Henry Pfeifer</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Skinner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		17. INFORMANT <b>Percy Nelson Greentop Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardiovascular Collapse</b> DUE TO (b) <b>Acute Congestive Heart Failure</b> DUE TO (c) <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>hours</b> <b>days</b> <b>years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <b>Generalized arteriosclerosis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Kirksville</b>	
21. I attended the deceased from <b>August 1, 1963</b> to <b>Sept. 15, 1963</b> and last saw him alive on <b>Sept 14, 1963</b> Death occurred at <b>9:35</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Georgette Scheurer, D.O.</b>	
22b. ADDRESS <b>Kirksville</b>		22c. DATE SIGNED <b>9-16-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept 16 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Carmel</b>	23d. LOCATION (City, town, or county) <b>Adair County Missouri</b>
25. DATE RECD. BY LOCAL REG. <b>Sept 20, 1963</b>		26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Permit issued Sept 15, 1963

GEORGE H. SCHEURER, D.O.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*A. H. McCallum*

Licensed Embalmer No. 2052

P. O. Address South Gifford Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above: